

**Work Order ID 112975**

February-10-14 3:07:55 PM

**\*112975\***

Page 1

Item ID: 646.3912

Revision ID:

Item Name: Shim

Start Date: 2/12/14 Start Qty: 10.00

Required Date: 2/12/14 Req'd Qty: 10.00

Reference:

Accept

**\*N900040100\***Setup Start **\*NS1\***Stop **\*NS2\***

Cust Item ID:

Customer:

Approvals: Process Plan: MLJ Date: 14-02-11

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description
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Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
----------	--------------

646.3900	N/C
----------	-----

110

0.00

**\*110\***

Waterjet

FLOW CNC Waterjet

Memo:

1-Cut as per Dwg

Dwg Rev: N/CProg Rev: N/C

2-Deburr if necessary

0.00

10 0 Jan 14-02-12

120

QC2- Inspect parts off machine FAI/FAIB

0.00

**\*120\***

QC

Quality Control

Memo

0.00

10 0 Jan 14-02-12

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence
		<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 112975

February-10-14 3:07:55 PM

**\*112975\***

Page 2

Item ID: 646.3912

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Shim

Start Date: 2/12/14 Start Qty: 10.00 **\*10\***

Cust Item ID:

Required Date: 2/12/14 Req'd Qty: 10.00 **\*10\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

QC8- Inspect parts - second check

0.00

27

3-89

**\*130\***

QC

Memo

Quality Control

0.00

14/2/18

10

Ø

mmcl  
14/02/12

140

Outsource process-Cadplate per QSI017 4.1.9.1

0.00

**\*140\***

Outsource3

Memo

Outsource process - Cad plate

Issue P/O: 23029

0.00

10

CL 14/02/18

150

Receive & Inspect for Damage & Mat'l Certs

0.00

**\*150\***

Packaging

Memo

Packaging

0.00

10x

SP14-3-21

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											

FAULT CATEGORY			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

**Work Order ID 112975**

February-10-14 3:07:55 PM

**\*112975\***

Page 3

Item ID: 646.3912

Revision ID:

Item Name: Shim

Start Date: 2/12/14

Start Qty: 10.00

**\*10\***

Required Date: 2/12/14

Req'd Qty: 10.00

**\*10\***

Reference:

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Stop

**\*NS2\***

Cust Item ID:

Customer:

Approvals:

Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_

QC: \_\_\_\_\_ Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

160

QC5- Inspect part completeness to step on W/O

0.00

**\*160\***

QC

Memo

0.00

Quality Control

170

Identify as per dwg & Stock Location: S/S35 0.00**\*170\***

Packaging

Memo

0.00

Packaging

\*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING THE P# AND  
REV\*\*\*DAS  
06  
9-89

MAR 24 2014

(10)

180

QC21- Final Inspection - Work Order Release

0.00

**\*180\***

QC

Memo

0.00

Quality Control

14-03-24

14-03-24

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
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Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

February-10-14 3:07:55 PM

Page 1

Work Order ID: 112975

Parent Item: 646.3912

Parent Item Name: Shim

Start Date: 2/12/14

Required Date: 2/12/14

Start Qty: 10.00

Required Qty: 10.00

Comments: IPP REV:A 12.10.23 NEW ISSUE DD VERF:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MC1095S.020 C1095 Blue Tempered Spring Steel Sheet .020		Purchased	No			110	sf	17.9000	0.02	<del>0.210526</del>	0.25	J-14-02-12	
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				MAT022		17.9							
				123537		5.4							
				m126423		12.5				126423			

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other  _____ _____ _____
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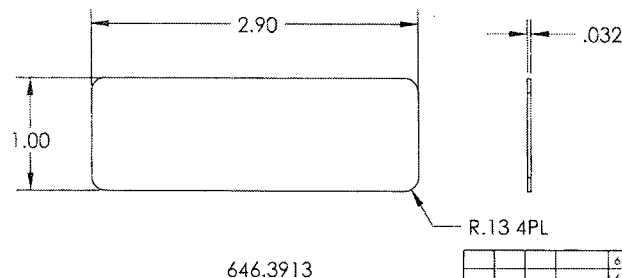
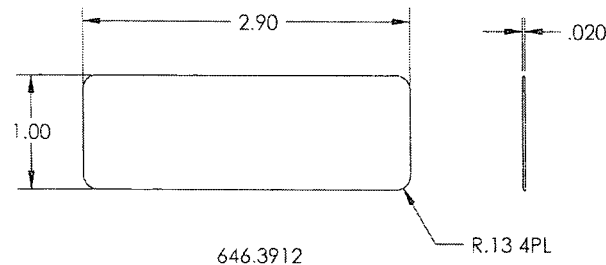
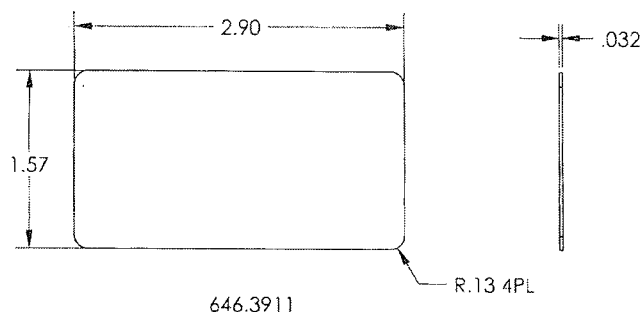
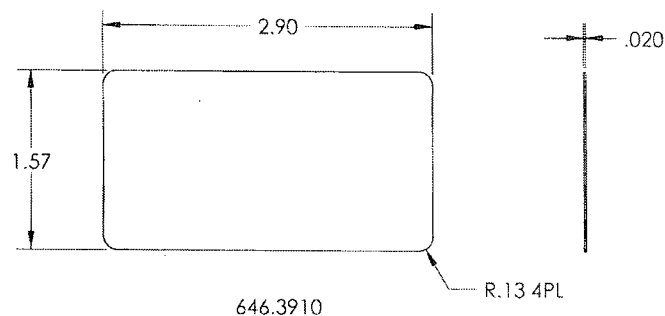


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REV	DESCRIPTION	DATE	APPROVED

# NOTES:

- 1 MATERIAL: SHIM STOCK, C1095 BLUE-TEMPERED SPRING STEEL
- 2 FINISH: CAD PLATE PER QQ-P-416 TYP II CL2
- 3 IDENTIFY IAW MPP-120



SHOP CO  
RETURN TO  
ENGINEER  
UNCONTROLLED  
SUBJECT TO A NEW  
WITHOUT NOTICE  
WORK ORDER  
NO. 112975 MWS  
14-02-11

QTY	REV	PART #	DESCRIPTION	MAT'L	SPEC.
		646.3913	SHIM		
		646.3912	SHIM		
		646.3911	SHIM		
		646.3910	SHIM		
PARTS LIST					
NEXT ASSY (S)			APICAL INDUSTRIES		
646.4000			2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760)724-5300		
			SHIM		
			SHEET 1 OF 1	646.3900	REV N/C
			SCALE NONE	SHEET 1 OF 1	

# Packing Slip



## Cadorath Coating

2150 Logan Avenue, Winnipeg, Manitoba R2R-0J2

Phone: (204) 633-9420 Fax: (204) 633-8033

**INVOICE NUMBER:**

**S70177**

**Sold To:**

Dart Aerospace Ltd.  
1270 Aberdeen St.

Hawksbury, ON K6A 1K7

**ShipTo:**

Net 2% Interest Per Month charged on Overdue Accounts.

Any claims for shortages, overcharges, or damaged goods must be made within seven (7) days from receipt of goods.

Customer Order #:	Date Received:	Terms:	G.S.T. #:	Ship Via:	Ship Date:
PO23029	Feb-25-2014	NET 30 DAYS	10071 6547 RT0001		Mar-20-2014

**Item # Qty P/N & Description**

1	9 EA	SHIM	S/N 107994
		P/N 646.3910	W/O 132894
2	12 EA	SHIM	S/N 108194
		P/N 646.3910	W/O 132895
3	20 EA	SHIM	S/N 112329
		P/N 646.3910	W/O 132896
4	6 EA	SHIM	S/N 112930
		P/N 646.3910	W/O 132897
5	8 EA	SHIM	S/N 108127
		P/N 646.3912	W/O 132898
6	12 EA	SHIM	S/N 108243
		P/N 646.3912	W/O 132899
7	18 EA	SHIM	S/N 111088
		P/N 646.3912	W/O 132900
8	10 EA	SHIM	S/N 112975
		P/N 646.3912	W/O 132901

**CERTIFICATE OF  
CONFORMANCE**

**CADORATH PLATING CO. LTD.  
2150 LOGAN AVENUE  
WINNIPEG, MANITOBA R2J-0J1**

**DATE:** Mar-20-2014

**CONIGNED TO:** Dart Aerospace Ltd.  
1270 Aberdeen St.  
Hawksbury, ON K6A 1K7

**W/O #:** 132901

**INVOICE #:** 70177

**CONTRACT OR  
PURCHASE ORDER #** PO23029

**DESCRIPTION:** SHIM

**QTY**

10

**P/N #** 646.3912

**S/N #** 112975

STRIP AND CADMIUM PLATE IAW AMS-QQ-P-416C TYPE 2 YELLOW  
CLASS 2. BAKE HEAT CHART # 14-263.

SP 14-3-21

**CERTIFICATE:** I certify that the items indicated here on have  
been inspected and tested and conform to all specifications  
and requirements detailed on the contract or purchase order.



**Approved Inspector:**

A large, stylized handwritten signature in black ink, appearing to be 'Z' or 'S' with a long horizontal stroke.





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO23029

Purchase Order Date 2/18/2014

PO Print Date 2/18/2014

Page Number 3 of 4

**Order From :**

VC-CAD002

CADORATH COATING  
2150 LOGAN AVE.  
WINNIPEG, MB R2R 0J2  
CA

**Ship To :** DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**Contact Name**

**Vendor Phone**

204 633 9420

**Ship To Contact**

**Ship To Phone**

**Ship Via:**

FedEx PI collect

**Ship Acct:**

**Buyer**

Chantal Lavoie

**Customer POID**

**Customer Tax #**

10127-2607

**Terms**

Net 30

**Currency**

CAD

**FOB**

Destination-Collect

**Line Total:**

**\$84.**

6	108243	646.3912 SHIM	3/7/2014	12.00	✓	\$10.50	\$126.
			Yes				
			3/7/2014				

FINISH: CAD PLATE PER QQ-P-416 TYPE II CLASS 2

PART ARE MADE FROM SHIM STOCK, C1095 BLUE TEMPERED SPRING STEEL

**Line Total:**

**\$126.**

7	111088	646.3912 SHIM	3/7/2014	18.00	✓	\$10.50	\$189.
			Yes				
			3/7/2014				

FINISH: CAD PLATE PER QQ-P-416 TYPE II CLASS 2

PART ARE MADE FROM SHIM STOCK, C1095 BLUE TEMPERED SPRING STEEL

**Line Total:**

**\$189.**

8	112975	646.3912 SHIM	3/7/2014	10.00	✓	\$10.50	\$105.
			Yes				
			3/7/2014				

FINISH: CAD PLATE PER QQ-P-416 TYPE II CLASS 2

PART ARE MADE FROM SHIM STOCK, C1095 BLUE TEMPERED SPRING STEEL

**PO Instructions:**

Procurement Quality Clauses  
A005 right of entry  
A012 chemical and physical test report  
A021 dart aerospace processing  
A024 process certifications  
A026 certification of material conformance

SP14-3-21

